DISTRICT 4

Mom and Pop Small Business Grant Program Miami-Dade County

APPLICATION

(Please print or type)

I. Business Information	5	
Business Name (as it appears on Licer	ise)	
Owner(s) Name		
Business Address (as it appears on Lic	cense)	
Owner's Home Address	City	Zip Code
Business Phone	Business Fax	Cell Phone
Email address	Commission Distri	ict and Commissioner
Type of Business You Operate II. Program Usage	Amount of fundi	ing requested
I would like to be considered fineed(s):	for financial assistance to	address the following
<u>USAGE</u>	DESCRIPTION	<u>ESTIMATES</u>
☐ Inventory / Supplies		\$
☐ Business Equipment		\$
☐ Marketing / Advertising		\$
☐ Commercial Liability Insurance		\$
☐ Minor Renovations		\$
☐ Security System		\$

Business owners are required to provide the following information:	
4 - Harri Languit ann ann an Languit a Languit ann a O Niomhann a Canada	

1. How long have you been in business? Number of yea	rs	
2. Have you ever applied for the Mom and Pop Grant before	ore: Yes _	No
3. Have you received a Mom and Pop Grant in the past?	Yes	_ No
4. If yes, how much funding did you receive? \$		
5. My Dade County Occupational License is attached to t	he applicat	ion.
	Yes	No
6. My Municipality Occupational License is attached to the	ne applicati Yes	on. No
7. Are you or any of the shareholders employed by Miam	i-Dade Cou Yes	7
8. If yes, what department?	J. J.	
9. Have you ever applied for a loan?	Yes	No
10.If yes, with whom?		
11.Was the loan approved?	Yes	No
12.Do you have a past due loan with the County or any Codepartment or agency?	ounty funde Yes	ed No
13.If yes, with whom?		
14. Will you be contributing any funding to the project?	Yes	No
15.If yes, how much?	\$	
16.Do you own the building that you occupy?	Yes	No
17. Are you willing to participate in Business Developmen	t workshop	os?
	Yes	No
18. Do you currently market your business?		No
19. If yes, how do you market, please explain (ex: newspa	per ads, int	ternet,
20. Do you belong to any networking groups?	Yes	No

21. If yes, which groups?			
22. Number of employees?	Full-time:	_ Part-time:	
23. Please provide the follow	ving information rega	arding your current e	employee(s):
NAME	HOME ADDRES	S ZIP CODE	White / Black Hispanic / Other Male / Female (Please Circle)
			WBHO M/
			WBHO M/
			WBHO M/
	7		WВНО М/
	HAAR		WВНО М/
			WBHO M/
			WBHO M/
CO	DUN	TY	
	A	W/	
1 2 1 3		12/1-	//
My signature below indicunderstand its contents. The information submitted of			
Signature *Application will be considered inco	omplete unless a copy of	Date County and City Occupa	ntional license is

attached